



SEMINOLE COUNTY COMMUNITY ASSISTANCE APPLICATION FOR ASSISTANCE

All sections of the application **must** be completed; if a section does not apply to your household, enter "N/A."

PLEASE CHECK ASSISTANCE APPLYING FOR

All documents listed on pages 7 through 10 that correspond with the assistance you are applying for must be enclosed with the application.

- | | | | |
|---------------------------------------|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Good Neighbor | <input type="checkbox"/> Training |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Utility | <input type="checkbox"/> EHEAP | <input type="checkbox"/> Deposit |
| <input type="checkbox"/> Other: _____ | | | |

(Please Print Clearly)

	Applicant	Co-Applicant (Spouse or member 18 & older)
Full Name:		
Age & Date of Birth:		
Social Security #:		
Gender: Circle One	Male or Female	Male or Female
Relationship of Co-Applicant to Applicant:	<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Roommate <input type="checkbox"/> Relative <input type="checkbox"/> Non-relative	
Ethnicity/Special Needs:	(For reporting purposes only, please check all that apply for Head of the Household Only)	
White <input type="checkbox"/>	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>
Asian/Pacific Islander <input type="checkbox"/>	Native American <input type="checkbox"/>	Other <input type="checkbox"/>
Farm Worker <input type="checkbox"/>	Disabled <input type="checkbox"/>	or Disabled Minor <input type="checkbox"/>
Elderly <input type="checkbox"/>	Homeless <input type="checkbox"/>	Other _____
Applicant Street & Mailing Address:		
Street Address:	Rent <input type="checkbox"/> Own <input type="checkbox"/>	State:
City:	City Limit <input type="checkbox"/> Unincorporated <input type="checkbox"/>	Zip:
Mailing Address (if different):		State:
City:		Zip:

Telephone Number: _____ E-mail Address: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

Marital Status: Married Separated Single Divorced Widowed

OTHER MEMBERS IN THE HOUSEHOLD

Name	Date of Birth	Age	Relationship to Applicant	Social Security Number

*If additional space to list household members is needed please attach information to the back of this application.

Applicant Employment Information:

Current/Last Employer Name:		Phone Number:
Address:		
Supervisor:		Fax Number:
Position:	Start Date:	End Date:

Co-Applicant Employment Information:

Current/Last Employer Name:		Phone Number:
Address:		
Supervisor:		Fax Number:
Position:	Start Date:	End Date:

*If additional space to list employment information is needed please attach information to the back of this application.

INCOME RECEIVED MONTHLY

List the amount of income received monthly in column two by the source of income listed in column one. If income is listed in column one then the documents listed in column three are required if applicable. Column three lists the required documents of the various income sources listed in column one. **Forms**, in bold, are available in the Community Assistance Office or online with the application. The Community Assistance Office can notarize required documents below.

Column One	Column Two	Column Three
		Client will also have the option to use 3rd Party Verification if source is not available or more information is required to clarify income and assets. The client is responsible for any costs associated with the completion of 3rd Party Verifications . The Deposit and Dental Programs require 3rd party verifications.
Employment	\$	Provide Pay Stubs. All adults (18 years of age or older) in the household who are currently claiming no income, must sign and notarize a Verification of No Monthly Income form
AFDC/TANF/ (Cash Assistance)	\$	AFDC/TANF (Aid to Families with Dependent Children/Temporary Assistance for Needy Families) Printout or current decision letter from the Department of Children and Families. Provide Decision Notice or Printout
Social Security, SSI, SSDI, Pensions (VA, Military, Retirement)	\$	Provide a copy of current year Award or Benefit Statement. <i>A statement is required for <u>each</u> household member receiving benefits. (Provide current year award letters)</i>
Unemployment Compensation	\$	All adults (18 years of age or older) in the household who are currently receiving unemployment, must sign and have notarized a DEO/AWI (form).
Alimony/ Child Support	\$	Divorce Decree or Court Order and child support and/or <i>alimony payment schedule if applicable, (must show Child Support); or</i> Provide a notarized letter from the person paying support; <i>only if the support is not court ordered; or</i> Provide a printout from the court or government agency through which payments are being made. (Last 6 months print out is required for deposits and dental programs).
FOOD STAMP ASSISTANCE	\$	Monthly food stamp assistance from the State of Florida for single adults and families.
Business or Rental Net Income	\$	Provide a copy of profit and loss statement; <u>and</u> provide the business bank statements.
Workmen's Compensation	\$	Provide documentation from employer of amount and frequency of workmen's compensation.
Short- or Long- Term Disability	\$	Provide documentation from employer of amount and frequency of disability compensation.
Recurring Contributions and Gifts	\$	Provide a letter stating the amount and frequency of payment from the bank, attorney, or a trustee providing required verification; <u>or</u> A Verification of Recurring Cash Contributions (form) must be completed by the payee.
Other	\$	Please provide documents of all other source of income in the household.

EXPENSES PAID MONTHLY

Childcare or Child Support Payments	\$	Car Insurance	\$
All Loan(s) other than Car, Real Estate, Mortgage and Student Loans	\$	Medical	\$
Rent, Real Estate & Mortgage Loans	\$	Food	\$
Electric & Water & Gas	\$	Gas (Automobile)	\$
Phone – (Including Cell Phone & Cable)	\$	All Credit Cards	\$
Car Payment(s)	\$	Student Loan(s) Other	\$

ASSETS AND ASSET INCOME

For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, etc. All adults (18 years of age or older) in the household who do not have a financial account, must sign a **Verification of No Financial Accounts** (form). (Please provide the last 6 months of Bank Statements or benefit statements for Deposit and Dental cases only)

Type of Asset	Financial Institution	Account #
1.		
2.		
3.		
4.		

*If additional space to list assets is needed please attach information to the back of this application.

ADDITIONAL QUESTIONS

Please read and answer all questions below, additional documents are required for questions with an asterisk *.

Forms, in bold, are available in the Community Assistance Office or online with the application.

*Are copies of valid Florida Photo ID or valid Florida Drivers License for all adult household members (18 years of age or older) attached to the application? Yes No

*Are copies of Social Security Cards **and** birth certificates for all household members attached to application? Yes No

*Are you an employee or related to an employee of Seminole County Government? If yes, please list the relationship: _____ Yes No

CITIZENSHIP/RESIDENCY:

Are you a U.S. citizen? Yes No

*If no, are you a permanent resident of the U.S.? (If yes, a copy of the resident card must be provided.) Yes No

LIVING ARRANGEMENTS:

*Is this a Section 8, Subsidized, TBRA or Public Housing Rental? Yes No

***Note: Rent and Utility assistance cannot be provided to customers who have Section 8, TBRA, Shelter Plus Care or are with a Housing Authority**

Are you homeless? Yes No

If yes, what are your current living arrangements? homeless shelter/facility other, please state: _____

HEALTH:

Do you have Dental Insurance or a discount plan/policy? Yes No

Do you have Vision Insurance or a discount plan/policy? Yes No

Do you have Medicaid Insurance? Yes No

Do you have Medicare Insurance? Yes No

EDUCATION:

Are you a high school graduate? Yes No

If yes, year of graduation: _____ If no, highest grade completed: _____

Please list any college degrees or vocational training you have completed: _____

Is Applicant, Co-Applicant, or any other household member 18 or older a full-time student? Yes No

*If yes, please list member(s) and provide supporting documentation if applying for Self-Sufficiency Program: _____

EMPLOYMENT:

Are you currently seeking employment? Yes No

If no, explain: _____

